

NOV 6 1943

Registration District No. 132

Primary Registration District No. 3021

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1914 model 15X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME

Richard Dennis

3. (b) If veteran, name war.

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Dennis

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 17 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name George Dennis

13. Birthplace Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Dennis

(b) Address Trenton Missouri

17. (a) burial (b) Date thereof Feb 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Cemetery

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton Missouri

19. (a) 10-20-43 (b) W. L. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL.")
(d) Street No. 1914 model 15X
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1943 hour 4:05 minute 40 M.

21. I hereby certify that I attended the deceased from June 1943 to Oct 17 1943
that I last saw him alive on Oct 17 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 82a

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. L. Roberts (M. D. or other)

Address Trenton Missouri Date signed 10/20/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

T
DHS
RAYMOND A. DAVIS
VICE
PRESIDENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

myself

.....Registered Apprentice No.....

Signed.....

Raymond A. DAVIS

Licensed Embalmer No. *3424*

P. O. Address *Denton MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.